

To the Commissioner of Patents and REMARKS:

03-09-01

Transmitted herewith for filing is the patent application of:

Inventor: Shikani



03/08/01

For: TRACHEOSTOMY TUBE WITH ADJUSTABLE
QUICK RELEASE AND METHOD THEREFOR

CERTIFY THAT THIS CORRESPONDENCE IS
BEING DEPOSITED WITH THE UNITED STATES POSTAL
SERVICE AS EXPRESS MAIL IN AN ENVELOPE ADD-
RESSED TO: COMMISSIONER OF PATENTS AND TRADE
MARKS, WASHINGTON, D.C., 20231, ON

DATE: March 8, 2001

EXPRESS LABEL # EF136629762US

BY: Robert M. Gamson

Enclosed are:

[x] 10 sheets of drawing.

[] An assignment of the invention to _____

[] A certified copy of an _____ application.

[] An associate power of attorney.

[x] Declaration and Power of Attorney - Original Application



Small Entity Status: Yes x No _____

The filing fee has been calculated as shown below:

FOR:	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
			RATE	FEES	OR	RATE
BASIC FEE				\$ 355		\$ 710
TOTAL CLAIMS	17 -20=	* 0	x 9 =	\$ 0		x 18 = \$
INDEP. CLAIMS	7 -3=	* 4	x 40 =	\$ 160		x 80 = \$
MULT. DEPENDENT CLAIM PRESENTED			+135	\$		+270 = \$
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.				TOTAL	\$ 515	TOTAL \$

[] Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

[x] A check in the amount of \$ 515.00 to cover the filing fee is enclosed.

[x] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

[x] Any additional filing fees required under 37 C.F.R. 1.16.

[x] Any patent application processing fees under 37 C.F.R. 1.17.

[] The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

[] Any patent application processing fees under 37 C.F.R. 1.17.

[] The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

[] Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.

Case Docket No. 20355-PA

FORM PTO-1082.

Robert M. Gamson

Reg. No. 32,986

Mar 8, 2001



LEONARD BLOOM & ASSOCIATES, LLC

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PRACTICE LIMITED TO
PATENTS, TRADEMARKS, COPYRIGHTS,
LICENSING & UNFAIR TRADE CAUSES

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March 8, 2001

VIA EXPRESS MAIL
EF136629762US

To the Honorable Commissioner
of Patents and Trademarks
Washington, DC 20231

Re: Our Docket No. 20355-PA

Dear Sir:

Enclosed please find the following:

1. New U.S.A. patent application entitled "TRACHEOSTOMY TUBE WITH ADJUSTABLE QUICK RELEASE AND METHOD THEREFOR", including specification, claims and abstract (13 pages) and formal drawings (10 sheets), Alan H. Shikani, Inventor.
2. Declaration duly executed.
3. Information Disclosure Statement (with 9 references).
4. Form PTO/SB/42 duly executed.
5. Form PTO-1082 duly executed, in duplicate.
6. Our check No. 6034, in the amount of \$515.00, to cover the application filing fee.
7. Our post card. (Please date stamp and return.)

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS
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MARKS, WASHINGTON, D.C., 20231, ON _____

DATE: March 8, 2001
EXPRESS MAIL #: EF 136629762US
BY: Shweta R. Patel

LEONARD BLOOM & ASSOCIATES, LLC

The Honorable Commissioner
of Patents and Trademarks

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March 8, 2001

The inventor is:

Alan H. Shikani
11 Johnson Mill Road
Ruxton, Maryland 21204
Citizenship: U.S.A.

The applicant is a small entity.

Please address all correspondence to:

LEONARD BLOOM & ASSOCIATES, LLC
Intellectual Property Law Offices
401 Washington Avenue, Suite 905
Towson, MD 21204.

If there are any additional fees required, please charge our Deposit Account No. 02-2839.

Thank you for your cooperation and assistance.

Respectfully submitted,



Robert M. Gamson

RMG/chb
Enclosures

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